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H GORDON SHIELDS 7830 N 23RD AVENUE PHOENIX AZ 85021 Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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		8-18-200	(Date)			
APPLICATION NO.	FILING DATE	TOTAL CLAIMS EXA		EXAMINER AND GROUP ART UNIT		DATE MAILED
09/398,274	09/20/99	004 LIE	J, J		2736	06/14/00
First Named BROWN ,		35 USC 1	54 (b)	term ext. =	0 Days	

TITLE OF BRAKE LIGHT APPARATUS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	Ε	SMALL ENTITY	FEE DUE	DATE DUE		
2 9921	340-479.0	00 N83	3 UTIL	ΙΤΥ	Y YES	\$605.00	09/14/00		
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.					2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 H. GORDON SHIELDS				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE					4a. The following fees are enclosed (make check payable to Commissioner of Paten's and Trademarks): Second Second				
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Please check the appropriate assignee category indicated below (will not be printed on the patent)					4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) I Issue Fee				
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